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THE CHIRONIAN.

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WE wish to apologize for the late appearance of the letter from Dr. Helmuth, contained in this number of THE CHIRONIAN. It should have been published in the preceding number, but circumstances, over which we had no control, prevented us from so doing.

WE take this opportunity of thanking Prof. S. Lilienthal for the interest shown in THE CHIRONIAN by again honoring us with an article, which appears in this number.

IT is said, "One good turn deserves another," and as the Faculty have lately made many changes for the better in the arrangement of the college work, there is one other matter which has not been touched upon that is at present of serious inconvenience to the Seniors in trying to do thorough work. We refer to the arrangement of the hospital, dispensary, etc., clinics. There is not a student but is fully aware of the value of these adjuncts to a practical medical education. Neither is there a student but is more than anxious to avail himself of every opportunity thus granted, to see put into practice the many theories and methods that he is instructed upon in the lecture season.

In these clinics the student finds the means of fastening the ideas that before were known to him only as theory.

But suppose a man is detailed to attend a surgical clinic upon a Thursday. Then he must absent himself from the demonstration in surgery on that morning, if during the last half of the year, and also from the lectures during the afternoon. On other days he misses three or four lectures. Consequently these clinics interfere with the taking of lectures, but nevertheless we are supposed to know all of the matter gone over on the afternoon we were absent, and to be ready for a quiz. This necessitates extra work, and we must bother some other student by borrowing his notes to copy. It is entirely useless to say that this method of obtaining the lecture is often very unsatisfactory. And besides, if a student misses in a quiz on account of the copied notes not being very full, or because of the work of copying, combined with the studying of lectures of two afternoons, he is held accountable just the same. Even leaving this feature of the case out, every one knows that a lecture copied never does a student the good that is derived from hearing the lecture.

Then again, it is dampening to a student who has tried hard to be present at every lecture so as to have good notes on every subject, to be forced to absent himself from lectures at important periods; and though the notes are copied from some one, yet there are always left gaps that cannot be filled. And he is more fortunate than the average student if he does not thus miss questions during a quiz for reasons that he was unable to prevent.

Again, if a student is thus absent from a demonstration of surgery and his name is called —there is one chance gone that would have been of great value to him.

Or, if he is absent from a quiz, he is so marked, or if being absent he misses a point which he is almost sure to be quizzed upon at the next lecture, he is marked "deficient."

It is the same with a student who is absent from choice, and there is no way of making a distinction, as the result is the same.

This we all know, and many a conscientious student feels the unfairness of it.

Yet, how is it to be remedied?

Thus, as the attendance at a clinic entails the loss of three to four lectures, the student is seriously crippled.

This is especially so where two or three clinics happen during the week for the same student.

Fortunately this does not occur frequently, yet we speak from experience when we say that the three clinics that fell to our lot during one week were not fully appreciated when we had to make up in the ten lectures that were thus missed.

This matter has long been a source of inconvenience to the student, and many a man has been almost driven to the verge of insanity by trying to decide whether he should absent himself from a clinic to which he had been appointed, or the three or four lectures of that afternoon.

Then again, there is lack of time for the students to avail themselves of the privileges to be derived from attendance at the college dispensary. Lectures and clinics are crowded in through the day, preventing the students from obtaining the good that they should have from the host of interesting and instructive cases to be found in this valuable auxiliary of our institution.

And we do not think it is stepping outside the bounds of truth when we assert that fully three-quarters of the students find it simply impossible to get time to enter the dispensary, excepting it is to report a case they have had charge of, or to attend a clinic to which they have been appointed.

And this exception occurs to each man about three or four times a year.

If two days, or even one day out of the week, could be set apart for clinics and more divisions of the Senior class sent out, no lectures being given at that time, the hospital, dispensary, etc., clinics would be more appreciated and of far more benefit to every student.

And then there would not be the many disadvantages that are now included in an appointment to a clinic. It is earnestly hoped that in the new arrangement of work for next year these facts may be considered by the Faculty, and some changes made, so that this defect in the practical work of the student may be remedied.

On the Principles and Practice of Homœopathy.

OLD S. L. tried to give fairly the Principles of Homœopathy as laid down in the *Organon*, and they are so simple that a child may understand them. We have *similia similibus curantur* and its corollaries: the single remedy, the minimum dose necessary for a cure and no interference with the action of the drug in order that it may become the remedy.

Already, during the life of Hahnemann, differences arose in relation to the practice of homœopathy, and the same differences still exist, as many good believers in the truth of the law do not find it all-sufficient in their practice. Alternatives found ready adherents and defenders at that early period, and, I am sorry to say, is now practiced by many physicians; and still there are others to whom our present materia medica is all-sufficient to get out the single remedy, and in its infinitesimal dose perform good cures. If the truth must be told, we, as a school, lose sight of the dynamical power, and following the footsteps of the old school, pin too much faith in materialistic chemismus, microscopy, and thus lose sight of the grain of gold. Here in our country the Milwaukee test was only the final stroke to submerge homœopathy into the flood of allopathic medical science and art, and the sequelæ soon showed themselves. At the meeting of the

American Institute in Saratoga, antisepsis took such a prominent place that our late Professor Franklin asked whether any one knew the antiseptic power of our homœopathic drugs, of our arnica, calendula, and Dr. Bolle's successful treatment with these drugs. During the discussion about diphtheria, so much cauterizing and gargling, with old school methods were recommended, that my friend, Professor Ludlam, asked whether there is no homœopathic remedy for diphtheria. We find the same running after strange gods in gynæcological practice, and the knife is considered of more importance than the pellets. Nowadays the hypodermic of morphine is an everyday affair and palliation not only considered admissible, but fairly recommended for any pain human flesh is heir to. Thus I might continue to give you samples from the practice of homœopathic teachers; fairly and undisguisedly made, and the conclusion must be reached that the practice of Homœopathy and the principles of Homœopathy are not always in consonance.

Sectarianism always prospered best under persecution. The old school rejoices that homœopathic physicians use anything recommended by high allopathic authority, and to give quid pro quo they accept granules, parvules and even the dual action of drugs. What more could be expected to bring out the millenium. Such mixed practice may be successful and leave nothing to be desired, but it is not Homœopathic pure and simple, and one may be a renowned physician and surgeon, without following in the footsteps of Hahnemann, Hering and Dunham. Let us fairly and honestly confess that the practice of more than half of the physicians, who claim to be Homœopaths, is a mixed one, but let us also acknowledge that it is far from being a homœopathic practice. Most of the old school physicians have lost their faith in drug therapeutics, they believe in prevention, in hygiene and similar means to cure the ills of humanity, all of which is most praiseworthy, but that has nothing to do with Homœopathy.

Watchman, what of the night? Once I was young, but now I am old, and as the world recedes, one loves to cling to the spiritual.

Permissible Interference in Pregnancy and Parturition.

BY EDWIN A. COLBY, M.D., GARDNER, MASS.

Read before the Worcester County Homœopathic Medical Society, Aug. 8, 1888.

LABOR or parturition is that wonderful function of the organs of reproduction, by which the product of conception is separated from the mother. By the phrase, labor at term is always meant, unless otherwise stated; although, according to this definition, the expelling function is not necessarily spontaneous.

The proportion of cases is comparatively small, in which circumstances demand interference with pregnancy or parturition; but these demands are always urgent, and generally extremely so.

In the present state of civilization, with no effectual check put upon unhygienic modes of life, we should naturally expect a very large per cent. of labors to be difficult or complex. On the other hand, it is surprising how much meddlesome abuse the organs of reproduction will allow, during pregnancy and otherwise, from the time of puberty to the end of life, at the hands of the libertine, the abortionist, and the bungling gynæcologist or obstetrician.

The circumstances under which the physician should interfere with labor are :—

First. Those in which interference is called for, simply to insure the comfort and well-being of either mother or child, or both, before, during, or after birth; and when these circumstances are present, we should always be absolutely certain that our interference will not in any way increase the danger to the life or health of either mother or child.

Second. Those which demand interference with labor, even to the destruction of the life of the child, in order to save that of the mother, or at least to render her death less certain. In these cases, interference must be demanded, either to save one life or the other, or to make the risk proportionally less than that from the injury which might be inflicted. Unfavorable

conditions must be carefully considered, and before action, the judgment of another physician secured if possible. Remember that your conscience stands ready to justifiably flog you if you fail, even as long as memory lasts. The public will undoubtedly do the same, justifiably or not. Let us consider a few of the circumstances under which interference is thought to be called for.

1. *Nausea.*—Dr. Guernsey taught that gastric derangements are never justifiable causes for inducing premature delivery and recommended medicines and the simplest accessory measures; but one will sometimes fail, even though one is more than an ordinarily skillful prescriber, especially when, without perceivable cause, the patient continues to grow weaker day by day; when, if all measures for her relief are suspended, the physician continues to see the same progressive decline; when some outrageous drugging was attempted before homœopathic treatment was begun. In these cases, there will probably be vomiting of every thing; extreme wasting of flesh; syncope on moving; changed look; fever continuous; smell of breath extremely acid. Before such symptoms as these occur, the physician should try, as a *dernier ressort*, the method of carefully stretching the internal os; if no relief follow, there is nothing to be done, but at the proper time to induce premature labor. Do not attempt this while the patient is in one of her lapses into extreme exhaustion; wait till she rallies. Loss of vision, pain in head, stupor, or mental disease contra-indicate this operation. Nausea seldom induces premature delivery spontaneously, while emetics are exceedingly liable to do so. All ordinary disorders of early pregnancy are to be invariably met by medicines, and simple accessory measures which will neutralize pathological conditions, and render them physiological.

2. *Toothache.*—When not due to neuralgia, extraction may be practiced to a limited extent, as on a dead or loose tooth. The wisdom-teeth should never be disturbed during pregnancy, as abortion is very liable to follow.

3. *Uterine Misplacements* must be rectified, if the uterus threatens to become incarcerated during pregnancy. Often such cases will end in abortion. In retroversion, the bladder will be found enormously distended, and sometimes it is impossible to catheterize. In such cases, aspiration above the pubes is often necessary. If this condition comes to notice late, and fatal consequences threaten, induced evacuation of the uterus is admissible.

4. *Ovarian Tumors*, if large, should be operated upon at an early period of pregnancy. Perhaps tapping will be all that is required for the time being. Induction of premature labor may promise better results. Fibroid tumors, if small, should be watched, and kept from too much pressure; if large, and certain to obstruct, induction of abortion or premature labor would be justifiable.

5. *Death of Fœtus* in itself does not warrant interference. Alarming symptoms must threaten the mother before it is justifiable. It is very difficult to ascertain if the child is dead in a great many cases. If doubtful, do not induce premature delivery. Several of the following signs, appearing together, will point to the death of the fœtus: motion stops; abdomen becomes flaccid; umbilicus recedes; child moves loosely in abdomen, and drops or rolls around; feeling of weight and coldness; breasts soft; loss of appetite; general health bad; eyes and countenance sunken and dark; chills; unusual stillness on auscultation. On rupturing membranes, evidence of correct diagnosis will be: tympanitic scalp; skin of presenting part peels off; discharge of gas; bones overlap loosely; peculiar sharp edges of bones; in face presentations, lips and tongue flabby; in breech, sphincter ani readily admits finger; in arm, skin peels off; in funis, cord pulseless, green or yellow.

6. *In Extra-uterine Pregnancy.*—If abscess has formed, aspirate for diagnosis' sake, and remove all loose débris if any. Gastrotomy is sometimes performed, when combined judgment of consulting physicians so determines. This operation sometimes saves a child if mature enough, though almost invariably the mother cannot be saved. The destruction of the fœtus

by electricity is now strongly recommended as comparatively safe and satisfactory.

7. *Eclampsia* may attack a woman at any time during gestation. If it occurs before or during the sixth month, it is more apt to be epileptiform or hysterical, and due to nervous irritation or pressure. *Belladonna* high is undoubtedly efficacious in a majority of these cases. Always begin immediately with a homœopathically indicated remedy, and if the patient has lucid moments, calm her fears by assuring her that her strange feelings are nothing unusual. If she cannot control her speech, make light of it before her. Allow as attendants, only intimate friends of decision and judgment, and in whom she has always had confidence. If there is hemorrhage indicating abortion, do not forcibly or carelessly rupture the membranes or dilate the os, but hasten expulsion without violence. If she is uneasy and moans, while unconscious, the uterus is contracting; and if she strains, the perinuem is reached.

It is better to leave a woman to her own resources, unless there is some evident malposition or complication. The usual mode of interference is with forceps, version, or crotchet. If the mother die suddenly in the beginning, or during severe convulsion or apoplexia, and if movements of child are felt, deliver immediately by forceps or Cæsarean section, without regard to preliminaries, or causeless remonstrances of friends. The same should be done if the mother is beyond peradventure dying, and the motion of child is felt. Chloroform often has a specific effect in puerperal eclampsia.

8. *Abortion and Hemorrhage.*—These cases become very familiar to us all. Take into consideration the available history of the case,—when the woman ceased to menstruate; examine what has passed, for a portion of the ovum. If there is pain, with open os and free hemorrhage, empty uterus by ovum forceps through speculum, or by finger in vagina and hand on abdomen. Keep strict account of what passes, and be sure that the placental mass has passed, before you cease your visits. In hemorrhage from hydatids, do not interfere before the seventh month. After that, the hand may be used to scoop out the mass. Hydatids and fleshy moles so resemble pregnancy that we should always take into consideration former history as most valuable. Accidental hemorrhage is sometimes very alarming. If the mother is sinking, version, forceps, or even perforator must be resorted to. The hemorrhage may be often controlled by dilute sulphuric acid, hamamelis, or perhaps ergot.

It is very important to diagnose simple hemorrhage from placenta prævia, for in the latter the hemorrhage will be increased by contractions of the uterus. Usually in the latter, the os is greatly thickened, or perhaps the edge of placenta can be felt.

9. *In Apoplexy of Placenta.*—Often fatal as early as sixth month; very dangerous, though rare; collapse of patient though no external bleeding. Examination will reveal an elastic conical swelling at placental site. The tampon is objectionable; a quick delivery is important; rupture membranes; if contractions are slow, introduce hand and turn.

10. *Placenta Prævia.*—This is always an indication for interference, though children have been born without help in very quick and easy labors, and with no untoward results to mother or child. It is very seldom that it calls for treatment during the sixth month. We should bear in mind the very small per cent. of cases where it can be left to nature. Great hemorrhage, with sinking, call, of course, for interference at once. The great flow of blood over the os usually has softened it, therefore it is easily distensible. It is of vital consequence to act early enough; that is, as soon as there is a general relaxation of the patient. The operation is to tear off placenta with finger, by sweeping round the edge of it. Sometimes this will be sufficient, and if contraction follows without hemorrhage, or if after the first gush it is greatly decreased, you may wait a while longer. It is often better to perforate the placenta, and bring the head through it, when this can be more easily done. Tampon may be used watchfully, when the os is not dilatable. A bursting sensation behind a tampon indicates great hemorrhage; on removing it, be ready to turn child at

once, as that may be the alternative. The feet, in nine cases out of ten, are found posteriorly on right side of mother.

11. *In Prolapsis of Cord*, if os is dilated and head engaged, use forceps. If not too late, place cord near sacro-iliac symphisis, where it will receive the least pressure. Guernsey's method of drawing cord into a sponge, and placing the whole above the superior strait, is very successful.

12. *In Rupture of Uterus*, use forceps, or even perforate from before, backwards; meanwhile, an attendant must apply firm pressure. Remove placenta carefully by cord, and then attempt to replace intestines. If child has entirely escaped, perform gastrotomy.

13. *Premature Labor.*—Nature's mode of sometimes prematurely expelling a viable fœtus through a deformed pelvis—led to a consultation in London, in 1756, to decide upon the morality of the artificial induction of premature labor. When indicated, it is undoubtedly justifiable, being a laudable attempt to save the child, at the same time probably decreasing the mother's immediate risk. The following circumstances call for it. In deformity of pelvis, remembering that in such cases it should never be attempted before the seventh month. The antero-posterior diameter must be at least two inches; and it is never permissible in primiparæ, or in twin pregnancy. Where death of several fœtuses in same mother persistently occurred, at a certain month of gestation, and the fœtus is viable, premature labor may be induced.

Finally, where the mother's life is endangered by excessive vomiting, effusion into serous cavities, strangulated hernia, convulsions, and cardiac disease, in some cases also of narrowing of bis-ischiatic diameter, exostosis of pelvis, fibrous tumors, previous rupture of uterus caused by mechanical obstruction, we should interfere. Version is indicated sometimes in irregular presentations, placenta prævia, ruptured uterus, convulsions, prolapsed funis, hemorrhage and syncope.

Forceps: in inertia, prolonged labor, emergencies, to extract head left in utero.

Embryotomy: when strong labor has existed, and no advance, and, after failure of forceps, exhaustion; the child's life doubtful; in dead child with danger to mother; great smallness of diameters of pelvis; in large fibrous tumors: in hydrocephalus, convulsions, rupture and hemorrhage.

Cæsarean section: to save mother and child if possible when both are in the greatest danger; when mother is dead, and child living, even two hours after her death. To extract fœtus from abdomen, when it has escaped or was generated there.

Chloroform may be useful in severely felt, but short pains; in great pain from dilating of soft parts; in worn-out, nervous women; in convulsion. Never force it on the patient, and use it with great caution.—*New England Medical Gazette.*

Three cases of Itching Hemorrhoids (?) cured by accident and Cup. Ac.

W. B. ROBINSON, M.D.

WHILE spending the Summer between my middle and senior years in a small village in the Hudson valley I met, one evening, while taking a walk, an Irishman, about sixty-three years of age. Knowing I was attending a medical college in New York he asked me if I could cure an itching. I told him I could try, and inquired the seat of his trouble. He told me that every night, when he was undressing, and after he had got into bed, he was tormented by an almost incessant itching, which prevented sleep. He would lie awake for hours scratching, and often drew blood, from too vigorous attempts to get relief, by application of finger nails. The itching, although present more or less over the lower part of his body, was especially severe in the legs, as far down as the middle of the calf, and rubbing the parts gave quicker relief than anything else. I told him I would give him something that would stop it and when I reached home consulted Allen's "General Symptom Register of Pure Materia Medica." Under leg, itching

of, page 717, I found, in bed, cup. ar.; when undressing, cup. ar.; (Amel.) by rubbing, cup. ac. I made the mistake of thinking that all three symptoms belonged to cuprum aceticum, instead of the first two to cuprum arsenicosum. I accordingly bought at a drug store of the village some powder of acetate of copper, which I prepared a tincture from, according to the directions given in Boericke & Tafel's "The American Homœopathic Pharmacopœia." This I ran up to the 3d Cent. which I gave him and told him to take three drops each morning and evening.

A week after I met him again, when, with a smile, he informed me that I had cured his "piles." I told him that was the first knowledge I had that he was afflicted by such a troublesome visitor, and asked why he had not told me of the fact during the first conversation. His answer was characteristic of the race, that, saving my presence, he did not wish to shock my modesty, being so young, by mentioning so delicate a place as that where the itching bothered him the most; and did not see why what would stop itching in one place would not stop it in another; and he knew he was right because it had done so. I told him he need never fear offending the modesty of medical students, as it was a commodity they were seldom overburdened with. I obtained the following history of the case: He has had "itching piles" for past fifteen or sixteen years. His bowels have been constipated from the time he was quite a young man, and the only time he was free from itching was when he took pills to give himself a "cleaning out," which he did every Spring and Fall. That the itching at the anus was always accompanied by itching of the legs. I ordered him to take one dose a week for the next month, and then stop the medicine. During the year and a half since then the itching has returned twice; both times the bowels were constipated, but a few doses of cup. ac. removed both the itching and constipation, for since his first taking the medicine his bowels have been normal, except during the two relapses.

After my return to College I consulted "Allen's Encyclopædia," so as to get the entire symptoms; for although "Lilienthal's Therapeutics" recommends fifty-seven different drugs for hemorrhoids, neither copper nor any of its salts are mentioned. It was then I discovered my mistake in giving the acetate, but determined if ever I had a chance to verify the case and report it, as I have never seen any report of a cure of "itching piles" by this drug.

During the winter of my senior year a friend called on me one evening, and during our conversation told me how he was bothered by "itching piles." He too had itching of the legs although not enough to bother him much, and was constipated also whenever the itching was present. I persuaded him to try cup. ac. 3, and some weeks after seeing him again he told me that a few doses had removed both itching and constipation. The last time I saw him was at the Hahnemannian Society commencement, in the Y. M. C. A. Hall, three months later, and up to that time neither itching nor constipation had returned. He was about twenty-five years old, and had been troubled about three years.

One of my first cases after hanging out my shingle was also a case of "itching piles." He also had the itching of the legs, but very slightly, and was also constipated. To him I also gave cup. ac. 3, which cured in a few doses, as it has not returned up to date, now more than five months.

It is worthy of note that all these cases had been treated by old-school physicians by external applications only, and all the benefit they experienced was a temporary lessening of the itching. I gave nothing but cup. ac. 3, using no external applications and both constipation and itching were soon removed. I made no examination to see if congestion of the hemorrhoidal veins was present, in any of the cases, accepting the diagnosis of the old-school doctors who had formerly treated the cases, so I am not sure that they were true cases of hemorrhoids. The smallness of the dose, and the promptness of the removal of the symptoms, however, would point to a true dynamic action of the acetate of copper at the anus and rectum. These are the only cases of piles (?) I have ever treated, nor have I ever used the acetate of copper in any other cases.

Correspondence.

A Letter from Dr. Helmuth.

To the Editor of THE CHIRONIAN :

IN the *Medical Record* for December 22, 1888, I have just finished reading an article by Dr. Simon Baruch, of New York, on lacerations of the cervix. The Doctor upholds the operation of Dr. Emmet, and criticises in passing, one performed by me and reported by your Surgical Editor in your issue of November 9, 1888. Dr. B. believes that the method of Dr. Emmet is much misunderstood, and in proof thereof says :

"Let me quote a description from Hegar and Kaltenbach (1881, p. 139), the great German text-book for gynecological operations : 'While the assistant holds the lips of the os uteri on a stretch, the edges of the tear are freshened smoothly and thoroughly by knife or scissors ; the freshened surfaces are brought together by needles,' etc. Again, the following description of an operation for lacerated cervix I find in THE CHIRONIAN (November 9, 1888) : 'Operation was made as follows by Dr. Helmuth : The lips of the laceration were denuded of membrane, and then silver sutures introduced on each side.'"

He then goes on to say :

"What caricatures on Emmet's operation these are, any one who has seen Dr. Emmet, etc., etc., will readily appreciate."

Although I am in excellent company ("misery loves company"), and although my understanding of the method of performing the operation in those cases where there is but little cicatricial tissue is similar to that of Hegar and Kaltenbach, who have written, as Dr. Baruch expresses it, "the great German text-book for gynæcological operations," and although I am only incidentally thrown in as a sample caricaturist, I think it scarcely fair to my classes to allow the appellation of *Caricature* to be attached to any operation that I find necessary to perform, especially for their instruction. I, therefore, must say, that while I do *not* desire to claim half the proficiency of the gentleman who has for years followed the illustrious and skillful Emmet through the wards of the Woman's Hospital and who has jocosely styled both Hegar and Kaltenbach and myself Caricaturists; I *do* claim to know *something about* this very same much-overdone-and-rapidly-finding-its-proper-place-operation, and to have made some most excellent cures thereby. All that I know, in the beginning I learned from Dr. Emmet's book, in which on page 468, he says: "The lips are to be freely *denuded* from one lip to the other, leaving a broad *undenuded* tract in the center." And again "Either the scissors or the scalpel may be used to *freshen the edges ;*" and again, "It is necessary when *freshening* the surfaces to remove *very superficially* the tissues near the outer angled fissure." These are the instructions given for simple lacerations such as the one you report. Of course when "the cicatricial plug" has formed, or when granulation tissue has rendered tense to almost cartilaginous hardness, the deeper portions of the cleft, it is necessary to cut away all such inodular formation. In the case reported by your Surgical Editor this was only necessary on one side, and the hardened mass was removed with the knife—as you will remember.

That this procedure in these cases is Dr. Emmet's understanding of the matter, is evident, for further on he says "*Under other circumstances*, when the case has been of long standing, many cysts will have formed and ruptured, from which cause contraction takes place along the edge of the mucus canal, etc. * * * Were we simply to freshen these surfaces in a superficial manner, etc., etc., the result would be unsuccessful." This is well understood and appreciated by all operators.

In the recently published *System of Gynæcology* (1888), the article on lacerated cervix is written by Dr. Bache M'E. Emmet, a relative of the distinguished gynæcologist and associated with him both in his public and private hospital. To him surely we should look for a fair exposition of the views of Dr. Emmet. In describing the operation he writes, after speaking of "catching up the *mucous membrane*," etc.: "It is essential to remove as much *mucous membrane* as will bring the two sides of the cervix together." * * * Again, "when the *mucous membrane* is all removed we excise any cicatricial tissue *found in the angles of the wound.*" If your readers will carefully compare these directions of Dr. Em-

met and Dr. Bache M'E. Emmet, with the descriptions of the operation as written by Hegar and Kaltenbach, and with the words of your own reporter, I can scarcely see how the term "caricature" can be applied to either. There are very few painstaking men who have become familiar with the operation, who have not spent "from half hour to one hour over a lacerated cervix." Indeed, I think in the operation reported, some minutes were consumed in this very proceeding, and it is scarcely fair on such short handed reports to style this careful, conscientious (and what is more to the point), *successful* work, a caricature.

Yours very truly
WM. TOD HELMUTH.

American Institute of Homœopathy, Forty-second Annual Session.

To the Editor of THE CHIRONIAN:

THE forty-second annual session of the American Institute of Homœopathy will be held at Lake Minnetonka, a few miles from the "Twin Cities"—St. Paul and Minneapolis, Minnesota, beginning Monday evening, June —, and continuing "until Friday night," June —, 1889. Details of the arrangements will, from time to time, be furnished to the homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The Local Committee of Arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute, and especially of bureau members and committeemen to the fact that one-half of the year allowed for preparation has already expired. While some bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the Secretary has received reports of progress from bureaus and committees, in effect as follows:

The Bureau of Materia Medica reports that some of the members have held conference meetings and are engaged in preparing materials for illustrating the pathogenesis of Iodine and its Salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology is preparing four papers on Urethritis and Cystitis (in the female), and has selected a member to open the discussion on each paper. The Chairman requests a general discussion based on professional experience, and says, "Everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on "Agents for the Creation and Development of Will-power," and expects to present at least nine papers on various subdivisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal Complications. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of Provings have adopted as their work for the year, "Critical Analyses of the Provings presented at the last session;" and for this purpose a set of Rules has been elaborated under which the members of the committee will determine the value of these provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays, though formal reports of progress have not been received, and the same is true of some of the more important committees. Still other bureaus it is known have not yet completed the preliminary portion of their annual labors. As information is received it will be sent to the journals for publication.

The Secretary may be pardoned for suggesting that papers be completed early and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the

Sectional Meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity yet without interfering with the prompt publication of the Transactions.

Respectfully,

PEMBERTON DUDLEY,
General Secretary,

S. W. Cor. 15th and Master Sts., Philadelphia, Pa.

Therapeutic Hints. Cold and Hot Water Wrongly Applied.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

MANY years ago, while on a visit to a medical friend in a distant city, I was taken to see one of his patients, said to be in a critical condition. On arrival I found a stout, vigorous-looking young man in a comatose state, insensible to the impression of all external objects, with a hot head, flushed—almost livid—face, and cold extremities.

From the attending physician and the family I gathered the following history: The patient was a telegraph operator, usually in the enjoyment of very robust health, but subject, at times, to severe headache. He had such an attack the day before, and, upon the suggestion of some one, had placed his feet in a tub of hot water, the water covering his legs nearly up to his knees. The sense of present relief caused him to sit with his feet in the hot water for a considerable time.

After the foot-bath the sense of relief lasted awhile, when the full feeling and aching began to return with increasing severity and the doctor was called. The pain and pressure had continued till the patient passed into the condition observed upon our arrival.

Here was a clear case of profound congestion, if not also cerebral hæmorrhage, induced by hot water.

The predisposition to apoplexy, increased by inordinate eating or unusual application to sedentary work, had found an efficient exciting cause in the hot foot-bath.

The antipathic measure had temporarily lessened the tendency of blood to the head by increasing the calibre of the vessels of the feet and legs; but when the external heat was removed, the tide quickly turned again toward the head, increasing the pressure and the pain, till all sensibility was gone, and till the integrity of the brain itself was destroyed.

Another Case.—An earnest and rather delicate man, of nervous temperment, who had built up a large seminary at considerable cost of brain energy as well as money, after a hard year's work suddenly, and for a short time, lost the proper use of his right hand and the prompt and orderly use of words during conversation. Although generally improved, he did not recover fully from his disability. It was a question whether the troubles were the result of nervous as well as general prostration, or of some local pressure and break in a minute vessel of the brain. If it was the former, an ocean voyage and some foreign travel would be of special service. His having been greatly benefited by such a voyage and travel, several years before, when considerably broken down, led us to conclude in its favor again, hoping that removal from all possible connection with business, and the diversion of travel and new scenes would restore him to usual health.

The ocean air instead of lifting had a depressing effect. The attractions of England failed to interest and charm him as before. Not long after landing he had another apparent stroke. His head was more plainly the seat of greatest trouble. Under the advice of my friend, Dr. Hughes of Brighton, when in some measure recovered, he returned to Liverpool and took a steamer for home. The influence of the sea was still very depressing, the peculiar restlessness increased, his senses became more confused than ever, and his brain finally refused to do its work.

The surgeon of the ship was called to prescribe and, with other measures, packed his head in bags of ice.

The brain, at first quieted somewhat, became more excited, and soon succumbed to the paralyzing influence of the cold. He became comatose and died on mid-ocean.

REFLECTIONS.

The first case taught me a lesson that I have never forgotten and that I have seen verified a great many times since, namely—*that hot applications to the lower extremities, while they temporarily increase the supply of blood there, and lessen it in the head, are sure to induce exactly opposite conditions soon after they are removed.*

The philosophy, the explanation of these facts, is not hard to understand in the light of modern physiology and pathology. A portion of the human body, a foot, or a hand, immersed in water above blood-heat, is protected against its destructive or hurtful influence through nature's effort to counteract the heat by the ultimate abstraction of blood, which is sent in excess in an opposite direction. A familiar example is this—the hands of the laundry-woman, after being for some little time in hot water, become shriveled and shrunken; and when removed into the cool air, they are also colder than before.

In the case of the young man, the first and temporary effect of the hot water was to induce an excess of blood in the lower extremities so as to lessen the excess in the head. As soon as the bath was over, the efforts of nature to resist the abnormal heat caused the feet to become cold and the head hot.

We come to a physiological law, as fixed and as plain as any other law in nature—*that the preservative power in the human organism, whatever we may call it or however explain it, prevents the destructiveness of heat by the abstraction or diversion of blood and heat to other parts.*

As to the case of my patient who died upon the ocean, there was a weakened condition of the smaller vessels of the brain and, thus, an inability to bear any extra excitement and strain.

The last spell of head trouble and the increased brain pressure, at first and briefly relieved by the ice pack, and thus greatly aggravated through nature's effort to counteract the cold by an increased supply of blood and heat, must have resulted in cerebral hæmorrhage and death.

And this brings us to another physiological law that seems to me quite plain, namely—*that the innate preservative power of the organism prevents the destructiveness of cold by an extra supply of blood and heat to the part assailed.*

It is well known that the hand held in ice-water or snow is cold for only a short while upon removal, becoming hot and swollen for a much longer time afterward.

Agents, supplying heat and cold to limited parts and for special therapeutic purposes, are amenable to the homœopathic law, no less than are the drugs prescribed in proper homœopathic practice. A disregard of the two physiological laws mentioned, which are in full accord with that of Hahnemann, has led to fatal results many and many a time.

The allopath, applying cold water and ice to the parts of the human body abnormally heated, has destroyed many an inflamed member and killed many a patient.

There is no telling how many lives have been lost through the agency of hot water, applied to overcome a lack of blood and vital heat.

I could instance many cases, but the two submitted are sufficient for my present purpose.

I would not be misunderstood in what I have said against the antipathic uses of hot and cold water. No one can doubt their usefulness in cases where palliation may be required, in cases to be "tided over" some special danger, when life may be lost before the reactive effort of nature can be brought to bear. I am persuaded, however, that in some emergencies where cold water or ice have been regarded as necessary, hot water, much hotter than the temperature of the blood, will be more effective and much less dangerous. I would refer, for example, to cases of sudden and severe uterine, anal and nasal hæmorrhage.

The great lights of the old school are now accepting the homœopathic method in such cases.—*The Hahnemannian Monthly.*

"IT'S no use to feel of me wrist, docther," said Pat, when the physician began taking his pulse, "the pain is not there, sir, it 's in me head entoirely."—*Ex.*

Societies.

Hahnemannian Society.

MEETING called to order December 12, 1888. President Tuttle in the chair.

One new member signed the Constitution and paid the initiation fee of fifty cents.

Roll call and reading and acceptance of the minutes of the previous meeting.

Song by the Glee Club.

Paper by Roberts, '87, "Our Relations to the Science of Medicine."

Discussion of the paper by members.

Music by club, after which DeCamp, '90, favored the members with a declamation.

A paper by Conkling, '90, entitled "The Clinic," discussed by the Society.

Glee Club again rendered a song.

Senior quiz masters re-elected in a body except Lewis, who is succeeded by Krogstad in Practice.

Class of '90	elected	Iler	in	Anatomy.
"	"	Conklin	"	Pathology.
"	"	Dunlevy	"	Histology.
"	"	Bucklyn	"	Toxicology.
"	"	C. B. Flint	"	Med. Jur.
"	'91	Lightfoot	"	Urinalysis.
"	"	Harvey	"	Physiology.
"	"	Barber	"	Chemistry.
"	"	Ensey	"	Anatomy.

Report of the Treasurer accepted.

Moved to rent the piano till April 1st.

Committees appointed by the President:

On Diplomas: Jenkins, Mitchell and Bennett.

On Professor Helmuth's Lecture: Allen, Connell and Hardy.

On Music: Low, Bryan and Mills.

On Printing: Schell, Dowe and Wilcox.

On Arrangements: Hallett, Cummins and the President, ex-officio.

Instrumental music by Professor Hardy, a guest of the Society, by whom he was extended a vote of thanks.

Further music by club, solo by Bryan and adjournment.

GEORGE DEW. HALLETT,
Secretary.

TREATMENT OF PNEUMONIA.—"In the good old days when the accumulation of a Winter's *débris* in the blood was drawn off by way of the medio-basilic vein, when pneumonia patients were placed in a sitting posture and bled till they fell over, the mortality rate in this disease was something over one in three. When phlebotomy was changed for emetics and purgatives, only about one in four succumbed. Later the 'do-nothing' plan reduced the mortality to about fifteen per cent.; and following this, the supportive treatment has reduced the death rate in uncomplicated cases to less than five per cent."—*Popular Science News*, October, 1888. While by *strictly homœopathic* treatment the mortality is but three per cent., according to the article in the June issue of this journal entitled: "Twenty-six Years of the 'New Therapeutics' at the Five Points."—*No. Am. Journal of Homœopathy.*

The Battle of the Pills.

THE battle between the big pills and the little pills of medicine broke out in a new place at Chicago last week.

The students who are learning the empirical use of big pills at the College of Physicians and Nurses in the Windy City declared a boycott against the embryotic dispensers of little pills. And when one disciple of Hahnemann ventured to attend a clinic, the Professor being temporarily absent, the 187 "regulars" picked him up and tossed him into the street.

Of all the survivals of bigotry and intolerance in this afternoon of the Ninteenth Century in free-thinking America, is there anything quite as absurd as the assumption of one school of medicine that it alone should have the right to doctor people who, presumably, have brains enough to select a physician to suit themselves?

The big-pill students could learn no less because little-pill students heard the lectures and observed the clinics. Do they not confess a fear of competition in practice by objecting to equal preparation for practitioners of another school? It will be interesting to see what the college authorities will do about this outbreak of puppyism.—*New York World.*

College Notes.

MORIARTY, '88, was recently an interested listener to one of Professor Allen's lectures.

LEACH thinks that the only proper way to keep a label on a reagent bottle is to "blow it in."

THE humorist of '91 says that when the president of the class talks it 's a case of Birch-bark-no-bite.

M—SH, '90, is of the opinion that the best plan to follow, in stopping a uterine hemorrhage, is the "stuffin" method.

IT is evident, in the quizzes, that the Xmas vacation was not employed by all of the boys for rest and pleasure alone.

WE are glad to welcome Henry P. Sage, of Brooklyn, to the Junior Class. He is under the preceptorship of Professor Blackman.

JANUARY 7th saw most of the Seniors in their seats prepared for the home-stretch in the race for a degree. Let us hope we will all find a "place" at the finish.

IT is curious how much more frequently the Juniors and Middlemen find their way into the senior lectures. The Dean's remarks seem to have made an impression.

THE class of '89 extends its hearty congratulations to Mr. George P. Sword, who was married to Miss Pease of Long Meadow, Massachusetts, on Wednesday, December 26th.

AT the last annual meeting of the Worcester County Medical Society, J. P. Rand, '83, was elected first Vice-President; E. D. Fitch, '87, Secretary and Treasurer, and G. H. Wilkins, '83, one of the Censors.

PROFESSOR DOUGHTY thinks after calling a name several times without eliciting any response from its owner, that it is a good example of "the eternal fitness of things," that a certain member of '90 should belong to the name of DeCamp.

ETHEL (shuddering): "How the trees moan and sigh to-night!"

Bobby (speaking whereof he knows): "Well, I guess you 'd moan and sigh if you were as full of green apples as they be."—*Binghamton Republican.*

THE LOAN OF A MUG.—An infant was crying fretfully in his mother's arms in a street car the other day, when she turned to a man at her side with the request of: "Wud you plaze to luk cross at him, sor—he 'll think it 's his father and kape still!"—*Ex.*

THE approach of the Christmas Holidays and the attendant return to the bosom of the family was prognosticated hereabouts by the disappearance of sundry beards of all degrees and shades of fullness which had adorned (?) the faces of ambitious Juniors for the past three months.

THROUGH an error in the last issue of THE CHIRONIAN it was stated that Mowbray, '88, had been appointed to the surgical clinic late in charge of Knight, '86, resigned. Dr. Mowbray has been appointed to Dr. Knight's general clinic and Drs. Minton, '87, and Gwynn, '88, have been assigned charge of Dr. Knight's surgical clinic.

A CERTAIN man in this college who had been through the whole course of urinalysis was dumbfounded in the recent examination by being given a pathological specimen to analyze. He failed signally and used some very strong language because he was not asked questions on the book used in this laboratory work. Where is the loose screw?

IT is with pleasure that we notice the receipt, through the kindness of C. E. Walton, M.D., Hamilton, Ohio, of the report of Proceedings of the Twenty-Fourth Annual Session of the Ohio State Homœopathic Medical Society. The volume is exceedingly neat in its general make-up and it is more than a pleasure to note the interesting reports and brief, pointed, live articles that its pages contain.

PROF. J. T. O'CONNOR, for fourteen years connected with our college, and so favorably known as the editor of the *Homœopathic Recorder* has resigned the editorship of that well-known journal to become a member of the editorial staff of

the *North American Journal of Homœopathy*. His special attention will be given to presenting advances in homœopathic therapeutics. Dr. C. F. Millspaugh, '81, of Waverly, N. Y., succeeds him as editor of the *Homœopathic Recorder*.

At the eighth annual meeting of the staff of the College Dispensary, held in the library of the college on December 31, 1888, the following officers for 1889 were elected: President, C. W. Cornell, '77; Vice-President A. W. Palmer, '83; Executive Officer, O. G. Hunt, '86. The resident physician, Dr. Ver Nooy, '88, reported that for the year ending September 30, 1888, 7,314 new cases had been treated, 22,278 prescriptions dispensed, 1,244 visits were made by the visiting physicians and 61 obstetrical cases attended.

The Thursday before vacation Professor Helmuth climbed all the way to the senior lecture-room simply to wish the class a Merry Christmas and a Happy New Year. He said that an urgent professional call forbade his remaining long enough to lecture; that if it had not been his last hour before the holidays he would not have come at all; but as it was he could not begin the year 1889 knowing that he had let the old year go out without wishing the class the compliments of the season. Can any other col lege boast a Helmuth?

Circulars have been distributed by those in charge of the students' Sunday movement to the effect that the Metropolitan Opera House Assembly Rooms have been obtained for Sunday evenings. Talks are to be given at eight o'clock each evening by prominent men and afterwards an hour or two is to be allowed for social intercourse. William Tod Helmuth, M.D., LL.D. is to speak at the meeting of February 10th. Our men ought to make a good showing that night. Mr. G. H. Jenkins, '89, is the representative of the New York Homœopathic Medical College on the committee in charge of these meetings.

A VERY fine exhibit was made by the Jerome Kidder Manufacturing Company, 820 Broadway, makers of Dr. Kidder's electro-medical apparatus. The company may well take pride in their exceptionally fine line of instruments, medical batteries, etc. The company have received the highest awards from the Institute since 1872, and so far from falling off in their productions, manifest a steady onward and upward tendency. They show a full line of galvanic batteries, galvano-caustic batteries, many styles of faradic batteries for family and physicians' use, tip batteries, surgical instruments, cauteries and special appliances for an endless variety of medical and surgical operations.—*Electrical World.*

An incident.—On a railway train the writer noticed the entrance of a mother and her little son who were unexpectedly greeted by a friend of the mother's. The friend was only going from one way-station to the next, while the others were on a long journey. There happened to be one vacant double-seat in the car; and into this the boy slipped, taking the seat next the window. His mother, eager to improve the ten minutes with her friend, asked her son to give up his seat and take another for that little time, so that she could sit with her friend. "No, I won't; because I want to sit by the window, and all the other seats have people already at the windows."

"But, darling, only for ten minutes, and then you can sit by the window all day."

"No, I won't go. I want to sit by the window *now*."

"But, dear, not to give mamma pleasure?"

"No."

"Not for just ten little minutes, when mamma wants so much to talk to her friend, and you can sit by the window the whole day long?"

"No!"—with impatient emphasis. And in spite of humble entreaty from the mother, and good-natured urging from the friend, that home-nurtured bit of selfishness kept his place, the mother never dreaming of insisting on the right and courteous thing, but murmuring gently that "Bobby did so enjoy looking out of the window." When seven-year-old Bobby becomes Robert the husband, his sad little wife will wonder, "Why is it that men have so little tenderness for their wives."—*From "Open Letters" in the January Century.*